

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Brookvale House
Centre ID:	OSV-0004351
Centre county:	Monaghan
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Praxis Care
Provider Nominee:	Carol Breen
Lead inspector:	Stevan Orme
Support inspector(s):	Christopher Regan-Rushe
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 17 November 2016 08:50 To: 17 November 2016 18:15

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This unannounced monitoring inspection was carried out to monitor ongoing regulatory compliance. In addition the inspector reviewed actions the provider had undertaken since the previous inspection conducted on the 20 October 2015. The designated centre is part of the service provided by Praxis Care in Monaghan and provided a full-time seven day residential services to adults with an intellectual disability.

How we gathered our evidence:

During the inspection the inspectors met with eight residents at the centre. Residents told the inspectors that they enjoyed living at the centre, and that they were happy with the support they received from staff. Where residents were unable to tell inspectors about the support they received, the inspectors observed residents to appear comfortable and happy with support received from staff throughout the inspection. The inspectors met with the person in charge and staff members as part

of the inspection. In addition, the inspectors observed support practices and reviewed documents such as care plans, medical records, policies and procedures and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspectors found that the service was being provided as it was described in that document. The centre was a bungalow close to a nearby town with access to local amenities and shops. The centre comprised eight bedrooms of which seven had en suite shower facilities. In addition, the centre provided a communal bathroom with both shower and bath, a communal toilet, two sitting rooms, kitchen dining room, utility room and staff office.

Overall Findings:

The inspectors found that residents received a good standard of support reflective of their needs. Residents appeared happy at the centre and staff were knowledgeable about their needs and provided support in a timely and respectful manner. Inspectors found that residents were supported to access a range of activities both within the centre and local community in line with their needs. The inspectors found that in the main actions from the previous inspection had been addressed in relation to access residents' healthcare needs, positive behaviour management and organisational policies.

The person in charge demonstrated knowledge and competence during the inspection and the inspectors found them to be fit persons to participate in the management of the centre.

Summary of regulatory compliance:

The centre was inspected against 13 outcomes. The inspectors found compliance in five out of the thirteen outcomes inspected, with a particular positive focus on healthcare, medication management and governance arrangements at the centre. Major non-compliance was found in relation to fire safety arrangements at the centre. Three outcomes were found to be of moderate non-compliance in relation to residents' social care needs, premise and staff training. A further four outcomes were found to be substantively compliant with improvements required in residents' rights, communication supports for residents, contracts of care and positive behaviour support training.

These findings are further detailed under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a clear complaints process in place in the centre. Improvements were needed on how information on advocacy services was displayed, residents consent on how and when their personal information would be shared.

The inspectors reviewed the complaints processes within the centre, access to advocacy services and how residents were supported to make choices and decisions in relation to the management of their care and support within the centre.

The inspectors found that there were clearly described complaints processes in place within the centre, which were available in a number of different formats, including easy read. These documents provided a clear overview of the how residents could raise a concern and who would be responsible for responding to their complaints. There was a named complaints officer on a notice board in the centre with their photo and contact details for residents and their families to contact if necessary. The inspectors were shown around the centre by one of the residents and noted an easy read version of the process was also placed in the residents' room.

Inspectors reviewed the complaints log at the centre and found that there were no complaints recorded. This was discussed with the Person In Charge (PIC) at the centre who confirmed that at the last residents meeting the complaints process was discussed with residents to ensure that they were aware of how to make a complaint and who they could contact to make a complaint should they wish to. This was documented in the minutes of the meeting.

The inspector reviewed the minutes of the residents meetings and noted that the advocacy service had visited the centre in January 2016 to discuss the service. Within residents notes inspectors found evidence that advocacy services were discussed with residents and their family members in attendance at annual reviews.

The inspectors reviewed copies of consent forms and care plan review documentation and found that while in the majority of cases it was clear that the resident and their family members had been involved in the review of their care and support, the documentation had not, in all cases, been signed by the resident or their representative.

Inspectors observed that staff engaged with residents in a dignified and respectful manner at all times. Seven of the residents' bedrooms had en-suite facilities, however one residents' bedroom had no toileting or bathing facilities. There was a communal bathroom facility within the centre where this resident would be supported to bathe using an assisted shower.

Judgment:

Substantially Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Residents' communication needs had not been fully assessed.

The inspectors did not examine all aspects of this outcome, focusing on actions undertaken following the previous inspection.

Communication plans reviewed by the inspector reflected residents' needs and staff practices; however speech and language assessment had not been carried out on residents' communication needs and the use of assistive technology.

Judgment:

Substantially Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that improvements were required in the completion of written agreements for all residents within the centre.

There had been no recent admissions to the centre, however the inspectors reviewed the written agreements that were in place for the residents. The inspectors found that the written agreements and the schedule of charges for residents were recorded separately. The document which outlined the schedule of charges had also been subject to separate review processes to the overall terms of the residents' stay within the centre. While the agreements did set out the costs residents would pay for their care and any additional charges, the written agreements were not signed by the resident or their representative.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Personal plans were reflective of residents' needs.

The inspector reviewed residents' personal plans following the previous inspection findings. Personal plans were up-to-date, comprehensive and reflected residents' needs. Plans provided information on supports for residents in areas such as physical health needs and community activities. Personal plans were available in an accessible format.

Personal plans included residents' personal outcomes. Plans reflected supports residents' required with everyday living skills and accessing recreational activities. Progress made towards residents' goals was recorded and reflected agreed timeframes.

The inspectors found that personal plans were reviewed annually, although did not consistently involve multi-disciplinary input. Furthermore, inspectors found that residents or their representatives did not consistently participate in their review meetings.

Personal plans were updated after review meetings. Goals included timeframes and nominated staff support, although the inspector found inconsistencies in agreed frequency of activities between review meeting records and the residents' personal plan.

Residents attended either a day services in the local area or day programme at the centre. The inspectors found the centre's day programme was reflective of residents' needs and interests. The inspectors reviewed residents' daily care notes which showed that residents accessed a range of activities reflective of their needs such as church services, meals out and personal shopping. In addition residents accessed regular planned therapeutic activities at the centre such as musical sessions and reflexology.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors found a number of repairs were required within the kitchen and furniture within the centre. Improvements were required to ensure that the large communal lounge was accessible and could be used by residents.

The centre was a purpose built bungalow suitable for eight residents, seven of the residents' rooms were en-suite. The centre had a light and airy feel and there were two

communal lounge areas for residents to use. However, the largest of these communal lounges was also being used as a staff sleeping area and had a small single bed in the corner of the room. In addition equipment such as a bath chair, a hoist and stationary was being stored in the lounge. Staff reported that this was due to a lack of suitable storage space within the centre.

This was raised with the person in charge who advised that there were plans being developed to split the lounge so that the staff area could be separated from the lounge, however this would be subject to funding in order to make the necessary changes.

While the overall appearance of the centre was pleasant there were a number of dilapidations within the corridors which required attention, including numerous marks on the walls and door frames where damage had occurred, which made the centre feel less homely. In the small communal lounge some of the furniture coverings were damaged and were in need of repair.

The kitchen was fully equipped however, the extractor fan and the cooker required cleaning, while the grill had some damage and was rusting. One of the work tops in the kitchen had been burned and the surface was damaged exposing the material beneath the wipe clean surface and one of the cupboard doors in the kitchen was damaged and in need of repair.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Residents' health and safety was protected, although fire safety arrangements required further improvement.

Following the previous inspection's findings, the inspectors found that although risk management systems had improved at the centre they had not identified risks relating to the physical condition of the kitchen. The inspectors observed damage to work surfaces and evidence of rust in the cooker which had not been addressed.

The inspectors found that although residents' risk assessments reflected staff knowledge, they had not been signed by the either the assessor or person in charge.

Furthermore, as referenced in outcome eight, although a manual handling assessment had been completed on the use of bed rails for a resident, this had not been completed by an occupational therapist.

The inspectors reviewed residents' manual handling assessments. Assessments were reflective of staff knowledge and observed practices. The inspector reviewed staff training records which showed that not all staff had completed manual handling training.

Accidents at the centre were recorded and discussed at the staff meetings as evidenced in meeting minutes examined and staff knowledge. In addition, the inspectors found that risk assessments were reviewed regularly and updated following related incidents.

Fire equipment was regularly checked by staff and serviced by an external contractor. Fire equipment at the centre included a fire alarm, magnetic fire doors, call points, break glasses and fire extinguishers. In addition, fire safety equipment had been installed to meet specific residents' evacuation needs such as an emergency evacuation sleigh.

The inspectors reviewed residents' 'Personal Emergency Evacuation Plans' (PEEPs). PEEPs reviewed reflected residents' needs and staff knowledge, although where specific resident evacuation aids were identified they did not specify staffing levels required to safely use. Furthermore, the inspectors examined staff training records and found that not all staff had received training in the use of the evacuation aid.

The inspectors reviewed staff training records and found that not all staff had completed fire safety training in line with the provider's policy. In addition training records and staff discussions identified that not all staff had received training in the use of fire extinguishers.

The centre conducted regular fire drills and staff knowledge was reflective of the centre's fire evacuation plan. Fire drill records showed that evacuations had been conducted under minimal staffing levels. The inspector found that staff training records showed that not all staff had completed fire drill training at the centre.

The centre's fire evacuation plan was prominently displayed and reflected staff and residents' knowledge, although an accessible version was not available for residents. In addition, the assembly point indicated on the evacuation plan was not reflective of staff knowledge.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach

to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Residents were safeguarded from abuse.

Throughout the inspection, inspectors observed residents being supported in a respectful manner which was reflective of their needs.

The centre had an up-to-date policy for the prevention, detection and management of abuse. Information on the centre's safeguarding policy and designated officer was displayed on the communal notice board. Staff training records reviewed by inspectors showed that all staff had attended training on the prevention, detection and management of abuse. Inspectors found that staff had a good understanding of what constituted abuse and the actions they would take if suspected. Staff knowledge was reflective of the centre's policy.

The inspectors reviewed resident safeguarding plans at the centre. Safeguarding plans reviewed were comprehensive and clearly showed supports required by the resident. Furthermore, inspectors found staff knowledge and practices were reflective of safeguarding plans examined. on the day of inspection. In addition, safeguarding plans were regularly updated and reviewed.

The centre had up-to-date policies on positive behaviour management and the use of restrictive practices. The centre's restrictive practices register included all practices and their rationale, however the use of bedrails for residents had not been assessed by an occupational therapist.

Following the previous inspection's findings, the inspectors reviewed residents' behaviour support plans. Behaviour support plans clearly described residents' behaviour of concern and proactive and reactive strategies to be used to support the resident. The inspectors saw that behaviour support plans were developed and updated in conjunction with a named behaviour specialist.

The inspectors found that although staff knowledge was reflective of reviewed behaviour support plans, not all staff had attended restrictive practices training at the centre.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Residents had access to a wide range of healthcare professionals and were supported to manage their health.

The inspectors reviewed residents' healthcare records and found that residents had timely access to a range of allied healthcare professionals including General Practitioners (GP), psychologists, dieticians, dentists and chiropodist. Residents had a General Practitioner (GP) of their choice.

Following the previous inspection's findings, the inspectors found that residents' personal plans reflected residents' healthcare needs. Personal plans reviewed by the inspectors included healthcare support plans on mental health needs, epilepsy management and dietary issues. Inspectors found that staff knowledge was reflective of information reviewed on residents' healthcare supports.

Where residents were required to have regular blood tests due to prescribed medication prescribed, the inspectors found that following the previous inspection, tests were completed every three months in line with the resident's personal plan. Arrangements in place for regular blood tests were reflective of staff knowledge.

Residents told the inspectors that they choose the weekly menu in regular house meetings which was reflected in meeting minutes examined and staff knowledge. The inspectors found that residents were supported to both buy food and prepare meals reflective of their abilities.

Where residents had specialised dietary requirements, speech and language assessments had been completed and their recommendations reflected in personal plans examined. Where residents required assistance with eating, inspectors observed staff providing sensitive and appropriate support in line with personal plans.

The inspectors reviewed the centre's food records which showed that a range of nutritious and varied meals were available to residents.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors found that the centre's medication policy and practices were being implemented by staff.

The inspectors reviewed the centre's medication management arrangements. Medication was administered at the centre by nursing staff.

Medication prescription sheets contained a photograph of the resident as well as all relevant personal information such as date of birth and address. Prescription sheets clearly showed the medication prescribed for the person, its dosage, times to be administered and the route of administration. Medication recording sheets reflected the prescription sheets for each resident. Medication was given at the prescribed times to the resident. Staff signed when they had administered medication in the records reviewed. In addition a staff signature bank was maintained in each resident's medication file at the centre.

The inspectors found up-to-date and detailed protocols were in place for the administration of emergency epilepsy medication.

Medication was stored in secure cabinets at the centre. Arrangements were in place for the disposal of out-of-date medication, with medication being stored separately prior to its return to a local pharmacy.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The centre's statement of purpose was reflective of the services and facilities provided to residents.

The statement of purpose was regularly reviewed to ensure it reflected the service provided. The statement of purpose contained all requirements under schedule 1 of the regulations.

Following the previous inspection's findings, the organisational structure of the centre had been updated to reflect the designated centre.

An accessible version of the statement of purpose was available to residents.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Governance and management arrangements ensured residents were safe and supported with their needs.

The management structure was reflective of the centre's statement of purpose and staff knowledge. The person in charge was full-time, suitably qualified and knowledgeable on residents' needs. In addition, the inspectors found the person in charge to be fully aware of their role under regulation.

The person in charge was known to the residents and was based at the designated centre. Staff told the inspector that they found the person in charge both approachable and responsive to their needs. Training records reflected inspectors' discussions with the person in charge on their continued professional development.

The person in charge had audit systems in place to ensure the effective governance and

management of the centre which included medication administration and personal plan audits.

The inspectors reviewed monthly announced visits by the person participating in management. Examined reports of the announced visits assessed the centre's compliance with to both regulations and the organisation's policies and procedures. The person in charge told inspectors that the visit reports are forwarded to the provider nominee and action plans are submitted to meet areas for improvement.

The provider conducted six monthly unannounced visits at the centre and written reports were available at the centre. The inspector further reviewed the annual review of care and support at the centre which was completed by the provider's representative and available at the centre.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The centre's staffing levels were reflective of residents' needs.

The centre maintained an actual and planned roster, with staffing levels being reflective of the centre's statement of purpose and residents' needs.

The inspectors reviewed daily care notes and discussed residents' access to activities with staff. The inspectors found that residents were able to access a range of activities reflective of their interests and personal plan goals. The inspectors observed residents receiving support in a timely and respectful manner which was reflective of their needs.

Staff training records showed that staff had access to mandatory training in line with the statement of purpose and residents' needs, however not all staff had completed training in the following areas in line with the provider's policy.

- Infection control

- Fire Safety
- Manual Handling
- Administration of Buccal Midazolam

Following the previous inspection's findings, the inspectors found that staff were suitably supervised and knowledgeable on residents' healthcare needs as referenced in Outcome 11.

The inspectors reviewed team meeting minutes which were chaired by the person in charge and showed discussions on topics such as resident needs, staff training and organisational policy. The person in charge told inspectors that staff received regular formal supervision and annual appraisals which was confirmed in discussions with staff and documentation reviewed.

Staff were knowledgeable about the regulations and standards proportionate to their roles and responsibilities.

The inspectors reviewed a sample of staff personnel files and found that they contained all documentation required under Schedule 2 of the regulations.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors did not examine all aspects of this outcome, focusing on progress made on actions from the previous inspection.

Inspectors found that following the previous inspection, the centre's communication, missing persons and admissions policies had been updated.

In addition, the centre had developed further policies on visitors to the centre, residents access to education, training and employment and information for residents.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Stevan Orme
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Praxis Care
Centre ID:	OSV-0004351
Date of Inspection:	17 November 2016
Date of response:	22 December 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Not all residents had signed copies of consent to share information forms or copies of their annual review documentation.

1. Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

Please state the actions you have taken or are planning to take:

The Registered Provider will ensure that all consent to share information forms and annual review documentation will be signed by the residents and or their representatives. The content of such documentation will be discussed with the residents in a communication friendly manner if deemed appropriate.

Proposed Timescale: 31/01/2017

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Residents had not had a speech and language assessment on their communication needs including the use of assistive technology to promote their full capabilities.

2. Action Required:

Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

Please state the actions you have taken or are planning to take:

The Registered Provider will ensure that all residents will be assessed on their communication needs by a speech and language therapist which will include the use of assistive technology.

Proposed Timescale: 31/03/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The written agreements on the terms the residents would reside at the designated centre were not signed by the resident or their representative.

3. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:

The Registered Provider will ensure that all written documentation is signed by the residents and or their representatives and communicated in a user friendly manner.

Proposed Timescale: 17/02/2017

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The inspector found inconsistencies in goal between resident's personal outcomes agreed in annual reviews and recorded in residents' personal plans.

4. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

Please state the actions you have taken or are planning to take:

The Person in Charge will ensure that all personal plans are updated to ensure consistency between goals identified in annual reviews and the residents personal plans without exception.

Proposed Timescale: 31/01/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Personal Plan reviews did not consistently involve multi-disciplinary input.

5. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

Please state the actions you have taken or are planning to take:

The Person in Charge has ensured that there is documentary evidence available to show that statutory key workers are invited to reviews.

Proposed Timescale: 21/12/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Personal plans did not consistently involve residents or their representatives.

6. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:

The Person In Charge has ensured that there is documentary evidence to show that residents and their representatives were invited to and involved in their review process. 22.12.16

The Person In Charge will ensure that communication friendly versions of residents personal plans will be amended to reflect their level of involvement and or their representatives.

Proposed Timescale: 31/01/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were numerous dilapidations and defects within the premises that required repair.

7. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:

The Registered Provider has ensured that the large communal lounge was reconfigured to enable it to be fully accessible to residents. 18.11.16

The Registered Provider will ensure that plans are developed to split the lounge so that the staff sleeping area is separated from the lounge.

The Registered Provider will ensure that any painting works in the centre will be undertaken

The Registered Provider has ensured items of furniture have been disposed of and others recovered. 24.11.16

Proposed Timescale: 31/05/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Repairs were required to resolve issues identified with the cupboards and surfaces in the kitchen, including the repair and cleaning of the damaged oven, hob and extractor fan.

8. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

Please state the actions you have taken or are planning to take:

The Registered Provider will ensure that the worktop surfaces are replaced.

The Registered Provider will ensure that the oven is replaced.

The Registered Provider has ensured that the cupboard door was repaired. 25.11.16

The Registered Provider has ensured that the hob and extractor fan were cleaned and maintained in the kitchen area. 17.11.16

Proposed Timescale: 30/04/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The centre's risk management systems had not identified all risks at the centre.

- Condition of kitchen work surface, cupboard door and cooking appliances
- Risk assessments had not been signed by the assessor or person in charge
- Use of bedrails had not been assessed by a suitable qualified person
- Manual handling training had not been completed by all staff

9. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

The Registered Provider has ensured that the risk register is updated to include risks relating to the physical condition of the kitchen and its appliances. 22.12.16

The Registered Provider has ensured that all risk assessments have been signed by the assessor and Person In Charge. 19.12.16

The Registered Provider has ensured that the use of bed rails were assessed by a suitable qualified Occupational Therapist. 25.11.16

The Registered provider has ensured that the one staff member attended their manual handling training as arranged on 25.11.16.

Proposed Timescale: 22/12/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Staff had not all received fire drill training at the centre.

10. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:

The Registered Provider has ensured that the individual staff member requiring fire drill training has completed same as per regulations. 18.11.16

Proposed Timescale: 18/11/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Staff had not all completed fire safety training in line with the provider's policy. Furthermore, staff had not received training on the use of fire fighting equipment

11. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:

The Registered Provider has ensured that the individual staff member completed their fire safety training in line with organisational policy. 18.11.16

The Registered Provider will ensure that all staff receive fire fighting equipment training as per the regulations.

Proposed Timescale: 28/02/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The fire evacuation plan's assembly point was not reflective of staff knowledge. An accessible version of the fire evacuation plan was not available for residents.

12. Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

Please state the actions you have taken or are planning to take:

The Person In Charge has ensured that the fire assembly point was relocated to be in line with the fire evacuation plan. 18.11.16

The Person In Charge has ensured that all staff were made aware of the new fire assembly point. 18.11.16

The Person In Charge has ensured there is an accessible version of the fire evacuation plan available for all residents. 18.12.16

Proposed Timescale: 18/12/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Where evacuation aids were identified in resident's Personal Emergency Evacuation Plans, staffing levels to use the required equipment was not identified.

13. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:

The Registered Provider will ensure that all Personal Emergency Evacuation Plans are updated to reflect the staffing levels required to use evacuation aids.

Proposed Timescale: 13/01/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Training records showed that not all staff had received restrictive practices training.

14. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:

The Person In Charge has ensured that the individual staff member requiring restrictive practice training has completed this. 25.11.16

Proposed Timescale: 25/11/2016

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The use of bedrails to support a resident had not been assessed by a suitably competent professional.

15. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:

The Registered Provider has ensured that the use of bedrails was assessed by a suitably competent Occupational Therapist. 25.11.16

Proposed Timescale: 25/11/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Not all staff had completed training in the following areas in line with the provider's policy

- Infection control
- Fire Safety
- Manual Handling

- Administration of Buccal Midazolam

16. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:

The Person In Charge has ensured that the individual staff member updated their infection control training as required. 23.11.16

The Person In Charge has ensured that the individual staff member completed their Fire Safety Training as per regulations. 18.11.16

The Person In Charge will ensure that the staff member updates their Manual Handling Training as per organisational policy. 25.11.16

The Person In Charge will ensure that the staff member completes their administration of Buccal Midazolam training and until such time as training is under taken the Person In Charge will ensure that this staff member does not support any resident independently who is prescribed Buccal Midazolam.

Proposed Timescale: 31/01/2017